

STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA
www.ofi.louisiana.gov

APPLICATION REQUIREMENTS FOR LICENSURE REPOSSESSION AGENCY

All of the following documents **must** be submitted before this application will be accepted for filing and processing:

- ☐ A check or money order payable to the Office of Financial Institutions (cash will not be accepted) in the amount of \$1,500 for the Repossession Agency Licensee Fee. **Note:** All fees are nonrefundable.
- ☐ A check or money order payable to the Office of Financial Institutions (cash will not be accepted) in the amount of \$_____ (\$45.25 for each set of fingerprint cards submitted).
- ☐ Completed, signed, and notarized application.
- ☐ Proof of membership in approved association (see definition LAC 10:XV.1301(A) and attached list)
- ☐ Qualifying Agent must provide:
 - ☐ Proof of designation as a certified recovery specialist from a recognized national certification program as per LAC 10:XV.1303(C)(1)(f).
 - ☐ A legible copy of the Qualifying Agent's driver's license.
 - ☐ Evidence of 3 years experience with a repossession agency within the previous five years as per LAC 10:XV.1303(C)(1)(e).

Each year of experience shall consist of at least 1,000 hours of actual compensated work performed by the applicant with a repossession agency preceding the filing of an application. An applicant shall substantiate the claimed hours of qualifying experience by providing an IRS form W-2 and the exact details as to the character and nature of duties by written certifications from the employer as per LAC 10:XV. 1303(F).
 - ☐ Certificate of Resolution designating the Qualifying Agent [**Attachment E**]
 - ☐ Authority form [**Attachment B**]
 - ☐ Employment and residential history [**Attachments C & D**]
- ☐ A copy of the surety bond or client protection bond as per LAC 10:XV.1303(B)(2).
- ☐ Financial Statement, including balance sheet and income statement, signed by an authorized officer.
- ☐ Proof of Liability Insurance as per LAC 10:XV.1303(B)(3).
- ☐ Agent for Service of Process and Acknowledgement, signed and notarized. [**Attachment F**]
- ☐ 2 copies of a Fingerprint Card for each person listed in Question 16.
- ☐ Louisiana State Police Criminal Identification and Information Form for each person submitting fingerprint cards for. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (Form included with application.)
- ☐ Authority form [**Attachment B**] for each person listed in Question 16.
- ☐ Employment and residential history [**Attachments C & D**] for each person listed in Question 16.
- ☐ Separate applications for each Repossession Agent/Apprentice.

Contact person regarding completion of this application: Destry Graves (225) 922-0638

Applications may be mailed or hand delivered to:

Office of Financial Institutions
P. O. Box 94095
Baton Rouge, LA 70804-9095

Office of Financial Institutions
8660 United Plaza Boulevard – 2nd Floor
Baton Rouge, LA 70809

INSTRUCTIONS
APPLICATION FOR LICENSURE REPOSSESSION AGENCY

This application will not be considered complete until this Office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application.

- No. 1 Full legal name of applicant. This is not an individual's name unless you are a sole proprietor. The name inserted on this line must be **identical** to the name filed with the Secretary of State from the state in which you are applying.
- No. 2 LAC 10:XV.1303(B)(5) states in part "No license shall be issued in any name other than its legal name". Trade names and assumed names are not allowed. (i.e. d/b/a)
- No. 3 Street address of the office location that will appear on the face of the license.
- No. 4 The mailing address of the applicant, if different from No. 3. If same, so state.
- No. 5 Main office phone number, fax number, web site and/or e-mail address.
- No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Partnership Agreement and Bylaws, whichever is applicable.
- No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.
- No. 8 Out-of-state applicants must submit documentation evidencing that the company/entity is authorized to do business in this state. (Registration Certificate from the proper authority such as the Secretary of State)
- No. 9 Self-explanatory
- No. 10 Must be one of the approved associations (see LAC 10:XV.1301(A))
- No. 11 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's answer N/A) Registered Agent must be a person located in the state in which you are applying. Must match what was filed with the Louisiana Secretary of State and what is submitted on Attachment F.
- No. 12 Self-explanatory
- No. 13 Self-explanatory
- No. 14 Self-explanatory
- No. 15 List the states in which the applicant/registrant is conducting or has conducted similar business.
- No. 16 List the name, title (including Qualifying Agent), complete address, and percentage of ownership of each principal officer, director, manager, member, partner and all 10% or greater equity owners. Additional sheets may be copied and attached, if necessary. For purposes of this application, "equity owners" includes stockholders, members, partners, or limited partners that own equity in the business seeking licensure. If applicant is a subsidiary, list requested information for parent company. Qualifying Agent must be responsible officer or executive employee.
- No. 17 Self-explanatory
- No. 18 Information concerning the parent company, if the applicant is a subsidiary and an organizational chart.

ALL ATTACHMENTS MUST BE SUBMITTED

LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS
8660 United Plaza Boulevard, 2nd Fl.
Baton Rouge, LA 70809
(225) 925-4660

FINGERPRINT CARD INFORMATION

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

WHO MUST SUBMIT FINGERPRINT CARDS

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or individuals of similar status or function.
- 4) **Repossession Agents:** Includes Qualifying Agent and any Agents or Apprentices that that are applying for a license.

WHAT MUST BE SUBMITTED

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. The form on these cards must be **completely** filled out. Louisiana State Police will not process incomplete cards. Incomplete cards will be returned.
- 2) \$45.25 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 3) Completed Authority to Obtain Information from Outside Sources form, signed and notarized (included in application package).
- 4) Completed Louisiana State Police Bureau of Criminal Identification and Information Form, signed and notarized (included in application package). Louisiana State Police will not process incomplete forms. Incomplete forms will be returned.

IMPORTANT NOTICE

Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards. This will add to the processing time of the application.

8/2009		APPLICATION FOR LICENSURE		TYPE OF LICENSE: REPOSSESSION AGENCY	
1.	Full legal name of applicant <i>(attach secretary of state certificate from the state in which you are applying)</i> :				
2.	Trade name, d/b/a, or assumed name of applicant, if applicable: <i>(attach registration documentation/certificate)</i> N/A (see LAC 10:XV. 1303(B)(5))			Fed. Tax I.D.#:	
3.	Principal office street address:				
	City:	State:		Zip Code:	
4.	Mailing address (street or post office box):				
	City:	State:		Zip Code:	
5.	Business phone number:		Business fax number:		
	E-mail address:		Web site: www.		
6.	Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain)
7.	State/Commonwealth of Incorporation:		Date of Incorporation/Organization:		
8.	If a foreign corporation or other type of legal entity, state the date that the entity filed with the proper state authority in which the applicant is applying. (e.g. secretary of state), if so required:				
9.	Physical address of location at which the official books and records of the applicant are kept:				
	City:	State:	Zip Code:	Phone No:	
10.	Name of Approved Association: <i>(attach a copy of the certificate) (see LAC 10.XV.1301(A))</i>				
	Address:				
	City:	State:	Zip Code:	Phone No.:	
11.	Registered agent for service of legal process: <i>(must be located in state/commonwealth in which you are applying)</i> This should be the same as filed with the Louisiana Secretary of State and listed on Attachment F.				
	Name:				
	Mailing Address:				
	City:		City:		
12.	Person authorized to answer questions pertaining to this application:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No.:	
	E-Mail Address:		Fax No.:		

13.	Person authorized to answer compliance issues:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
14.	Person authorized to answer consumer complaints:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
15.	List all states in which applicant is conducting or has conducted business related to this application: (attach list if necessary)				
	State or states in which business is/was conducted	Type of business conducted	Names under which applicant <u>is</u> or <u>has</u> operated	Original license date	Active or Inactive
16.	List all principal officers and title held (including the qualifying agent), directors, managers, partners, members. (attach addendum if necessary)				
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
List all persons that have a 10% or greater equity interest not listed above.					
Name	Principal Office Address		% Ownership		
Name	Principal Office Address		% Ownership		
Name	Principal Office Address		% Ownership		

17.	Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.		
A.	Are there any civil or criminal proceedings pending against the applicant <u>or</u> civil or criminal convictions, plea of nolo contendere or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?	() Yes, attach explanation () No	
B.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No	
C.	Has any other state or federal government agency denied the applicant a license or permit?	() Yes, attach explanation () No	
D.	Is/has the applicant been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, or the revocation or suspension of any business license or permit?	() Yes, attach explanation () No	
18.	Is applicant a subsidiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parent company name:		
	Mailing address:		
	City:	State:	Zip Code:
	If applicant's parent company is a corporation, state where and when incorporated.		
	State Incorporated:	Date Incorporated:	
IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS:			
A.	Certificate of Resolution form stating who can sign official documents on behalf of applicant (See Attachment A)		
B.	Certificate of Resolution form designating the Qualifying Agent. (See Attachment B)		
C.	Authority to Obtain Information from Outside Sources on each person listed in question #16.(See Attachment C)		
D.	A current 10-year employment/experience form (See Attachment C) and the Residence addresses for the last 10 years for everyone listed in #16 and sole proprietors. (See Attachment D)		
E.	Agent for Service of Process and Acknowledgment. (See Attachment F)		
F.	Financial Statement on the applicant to include balance sheet, Profit & Loss statement and changes in equity capital.		
G.	Copies of one of the following, whichever is applicable: <ol style="list-style-type: none"> 1. Certificate of Good Standing from the Secretary of State or other state authority in which the applicant was originally incorporated or organized. 2. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments. 3. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization and operating agreement. 4. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership Agreement. 		

APPLICATION AFFIDAVIT

Signed this _____ day of _____ 20_____.

Name of Company

By:

Signature of Authorized Person

Print Name and Title

STATE OR COMMONWEALTH OF _____
COUNTY /PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)
notary, and declared under oath that she/he is the _____ of
(Title)
_____, that she/he is authorized to sign and submit the attached
(Name of Company)
application and that all statements and representations made therein are true and correct to the best of
his/her knowledge, information and belief.

Signature of the authorized person

Sworn to and subscribed before me on this the _____ day of _____ 20_____.

Notary Public

Print Name of Notary Public

(Seal)

My Commission Expires: _____

CERTIFICATE OF RESOLUTION

*This form must be completed by all applicants, except sole proprietors,
and must include the applicant's full name.*

This is to certify that at a meeting of the ☐ Board of Directors/or ☐ Members/ or ☐ Partners of

Full legal name of applicant/company
organized under the laws of the State/Commonwealth of _____ held at

_____, _____, _____
Street address City State Zip Code

on the _____ day of _____, 20____, the following resolution was
duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Full legal name of applicant/company
to be licensed or registered, BE IT RESOLVED, that _____

Name of authorized representative
who is the _____ of this ☐ limited liability company, ☐ corporation,

Title of authorized representative
☐ limited partnership, or ☐ general partnership is, in his/her official capacity, hereby authorized

and directed to prepare, execute, verify, and present to the proper state authorities, for filing, a written
application for licensure or registration. Further, he/she is hereby authorized and empowered to make, sign
and execute all documents pertaining to the application and to perform every act whatsoever as required to
file the application on behalf of _____.

Full legal name of applicant/company

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

Print Name

TITLE : _____

DATE: _____

CERTIFICATE OF RESOLUTION DESIGNATING THE QUALIFYING AGENT

*This form must be completed by all applicants, except sole proprietors,
and must include the applicant's full name.*

This is to certify that at a meeting of the ☐ Board of Directors/or ☐ Members/ or ☐ Partners of

Full Legal name of applicant/company
organized under the laws of the State/Commonwealth of _____ held at

_____, _____, _____
Street address City State Zip Code

on the _____ day of _____ 20____, the following resolution was
duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Full Legal name of applicant/company

to be licensed or registered, BE IT RESOLVED, that _____
Name and Title of authorized representative

has been designated as the **Qualifying Agent**.

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

Print Name

TITLE : _____

DATE: _____

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES**THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16**

Name:	Social Security #:
	Drivers License #: (Attach a legible copy)
Home Address, City, State, Zip Code:	
Date of Birth:	Home Telephone No:
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.	
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon?	() Yes, attach explanation () No
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which may have been expunged, set aside or which you received a first offense pardon?	() Yes, attach explanation () No
Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?	() Yes, attach explanation () No
Have you been discharged for cause or been requested to resign from any employment position?	() Yes, attach explanation () No
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No
Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	() Yes, attach explanation () No
Have any civil judgments been entered against you during the past 10 years?	() Yes, attach explanation () No
I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau, current and former employers, law enforcement agency and any other person or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, education background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination for the purpose of determining my financial responsibility, character and fitness in connection with any renewal or application for a license or registration. I affirm that I have executed this form of my own free will and have read and understand the items and instructions; my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL OR REVOCATION.	
I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.	
<div style="text-align: right;">_____ Signature</div>	
SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.	
AT: _____, <div style="display: flex; justify-content: space-between;"> (CITY) (STATE or COMMONWEALTH) </div>	
PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:

**Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana**

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION

****PLEASE PRINT****

Louisiana Office of Financial Institutions
FACILITY OR AGENCY

Robert F. Brian
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 94095
MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, Louisiana 70804
CITY STATE ZIP CODE

(225) 925-4660
FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- ☐ ADULT DAY CARE
- ☐ ADULT RESIDENTIAL
- ☐ ALCOHOL AND BEVERAGE COMMISSION
- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ AMBULANCE SERVICE
- ☐ CASA
- ☐ CONCEALED HANDGUNS
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DEPARTMENT OF LABOR
- ☐ DEPARTMENT OF PUBLIC SAFETY
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ GAMING
- ☐ HOME HEALTH AGENCY
- ☐ HOSPICE
- ☐ IMMIGRATION
- ☐ INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED
- ☐ JUVENILE DETENTION CENTER
- ☐ DEPARTMENT OF INSURANCE
- ☐ MANUFACTURED HOUSING

- ☐ MEDICAL EXAMINERS
- ☐ NURSING HOME
- ☐ OCS FOSTER/ADOPTIVE
- ☐ OCS PERSONNEL
- ☒ **OFFICE OF FINANCIAL INSTITUTIONS**
- ☐ OFFICE OF PUBLIC HEALTH
- ☐ PHARMACY BOARD
- ☐ POSTSECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ PUBLIC TAG AGENT
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☐ RIVERBOAT PILOTS
- ☐ SCHOOL
- ☐ SENATE AND GOVERNMENTAL AFFAIRS
- ☐ TAXI DRIVERS
- ☐ USED MOTOR VEHICLE COMMISSION
- ☐ VOLUNTEERS WORKING WITH CHILDREN

APPLICANTS FULL NAME: _____
****PRINT – USE INK****
LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ____ - ____ - ____ DATE OF BIRTH: ____ / ____ / ____

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

Attachment C

NAME: _____

COMPANY: _____

EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YEARS

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. **Include Month and Year. Include a complete 10 years.** Explain any gaps in work history.
(Attach additional sheets, if necessary).

[illegible]

Attachment D

NAME: _____

COMPANY: _____

RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant must fill out this form. **Include Month and Year. Include a complete 10 years.** Explain any gaps in residential history. *(Attach additional sheets, if necessary)*

[illegible]

Attachment [F]

AGENT FOR SERVICE OF PROCESS AND ACKNOWLEDGEMENT

(For Corporations, LLCs, and all Out-of-State Entities)

Louisiana Agent for Service of Legal Process:

(a) Name of Agent: _____

(b) Address: _____

City: _____ State: _____ Zip Code: _____

(Note: this information should be the same as listed in question 11 of the application and as filed with the Louisiana Secretary of State.)

(c) Business telephone number: (_____) _____

I hereby acknowledge and accept the appointment of registered agent for and on behalf of

Full legal name of Licensee

Signed by: _____
Registered Agent or Authorized Representative

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

**Should the licensee/registrant change its Agent for Service of Process, a new
acknowledgement form reflecting such change is required to be submitted to this Office.**

REPOSSESSION AGENCY ASSOCIATIONS

Allied Finance Adjusters Conference, Inc

PO Box 20708

Chicago, IL 60620-0708

1-800-621-3016

www.alliedfinanceadjusters.com

American Recovery Association, Inc

5525 N. MacArthur Blvd., Suite 135

Irving, Texas 75038

972-755-4755

972-870-5755 fax

www.repo.org

National Finance Adjusters

P.O. Box 3855

Baltimore, Maryland 21217-0855

410-728-2400

410-523-8336 fax

www.nfa.org

Time Finance Adjusters

728 Fentress Blvd.

Daytona Beach, FL 32114

800-874-0510

386-274-4210

386-274-4660 fax

www.tfaguide.com

Louisiana Recovery Association, Inc.

P.O. Box 435

Shreveport, LA 71162

joan@louisianarepossessions.com